

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed.

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

ANASTASSIOS

NICKNAME

LAST

SUFFIX

TASSO

TRANTAPHYLLOS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. Box 27629

HOUSTON

TX

77227

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

520.8551

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

JILL

NICKNAME

LAST

SUFFIX

TRANTAPHYLLOS

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

2901 BAMMEL LN #32

HOUSTON TX

77098

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

520.8551

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

10 / 26 / 2003

12 / 31 / 2003

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

11 / 04 / 2003

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HOUSTON CITY COUNCIL - DISTRICT C

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box Apt. / Suite # City State Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

ANASTASSIOS ("TASSO") TRIANTAPHYLLOS

16 ACCOUNT # (Ethics Commission filers)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 6.⁰⁰/₂

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2006.⁰⁰/₂**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 170.⁰⁰/₂

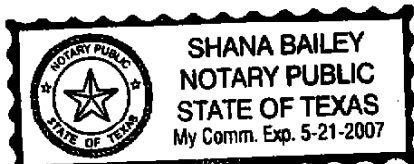
4. TOTAL POLITICAL EXPENDITURES

\$ 1923.⁶⁵/₂**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 308.⁸¹/₂**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 789.⁰⁰/₂**19 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ANASTASSIOS TRIANTAPHYLLOS, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2

2 FILER NAME

ANASTASSIOS ("TASSO") TRIANTAPHYLLOS

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

GHASSAN ABOKHATER

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

600.⁰⁰/₂

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/03/2003

Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL SOTIROPOULOS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/2/2003

Full name of contributor

☐ out-of-state PAC (ID#)

JOANNE ROUSLOS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2003

Full name of contributor

☐ out-of-state PAC (ID#)

DIMITRIOS YANNIMARAS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

500.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2003

Full name of contributor

☐ out-of-state PAC (ID#)

HARRY SIMONIDIS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.⁰⁰/₂

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:**2****2** FILER NAME

ANASTASSIOS ("TASSO") TRIANTAFYLLOU

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/5/2003

5 Full name of contributor☐ out-of-state PAC (ID#)

ANDREAS GIANNITSOPOULOS

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)**9** Principal occupation \ Job title (See Instructions)**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

ANASTASSIOS ("TASSO") TRIANTAPHYLIDIS

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

☐ ☐ ☐ ☐ ☐ ☐ ☐

\$

B

5 Date of loan

11/4/2003

7 Name of lender

☐ out-of-state PAC (ID#: _____)

TASSO TRIANTAPHYLIDIS

9 Loan Amount (\$)

139,000

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

2901 SAMUEL LN #32, HOUSTON, TX 77098

10 Interest rate

- 0 -

11 Maturity date

N.A.

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

ANASTASSIOS ("TASSO") TRIANTAPHYLLOS

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

A. TRIANTAPHYLLOS

7Amount
(\$)

12/6/03

6 Payee address; City; State; Zip Code

2901 BAMMEL LN #32 HOUSTON, TX 77098

1,753.⁶⁵₌**8** Purpose of payment (See instructions regarding type of information required.)

REPAYMENT OF LOAN (REIMBURSEMENT)

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED